

Federal Aviation Administration Flight Standards District Office 1701 Bond Street Little Rock, Arkansas 72202 501-918-4400, Fax: 501-918-4403 1-800-632-9566

MOSQUITO SPRAYING ACTIVITY CONGESTED AREA PLAN WORKSHEET

1.	137 OPERATING CERTIFICATE:	NAMECERT NO.
2.	NAME OF RESPONSIBLE PERSON BUSINESS PHONE NUMBER PHONE NUMBER DURING OPERATIO	ONS (CELLULAR OR OTHER)
3.	* MAKE/MODEL * N NUMBER * LAST INSPECTION DATE & TOTAL 1	ly with Part 137.51) (See Notes at bottom of page): IME
		NG ½ OF LOAD W/I 45 SECONDS? YESNO UNICATIONS? (HAND-HELD OKAY) YES NO
4.	PILOT NAME & CERTIFICATE NO. * TIME IN MAKE/MODEL LAST 12 MONTHS? DOES PIC HAVE 100 HOURS DISPENSING AG MATERIALS? YES NO	
5.	NAME OF CITY TO BE SPRAYED PROPOSED DATE & TIME * NAME OF APPROVING OFFICIAL * PHONE NUMBER OF APPROVING O	FFICIAL
6.	METHOD OF PUBLIC NOTIFICATION (i.e., radio, newspaper, handbills, etc.)	
7.	EMERGENCY LANDING/DUMPING SITI	ES:
	NAME OF CONTACT PERSON & PHON Dept.)	E NUMBER (i.e., Police Dept. Dispatch, Fire
		E. Road Block, Open Field marked on map, etc.)

Note 1: Single-engine aircraft may be utilized provided:

- a. No take-off over congested areas
- b. No turn arounds over congested areas
- c. No flight below Part 91 minimums except during actual dispensing operations
- d. Emergency landing & dumping sites are established

Note 2: Please provide copies of all records highlighted(*) above